



Fee Only

Response Under 37 C.F.R. § 1.116
Expedited Procedure
Examining Group 2826

PATENT
ATTORNEY DOCKET NO. 049128-5039

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No. 9089
)	
Hong Suk Yoo et al.)	Group Art Unit: 2826
)	
Application No.: 09/994,809)	Examiner: A. SEFER
)	
Filed: November 28, 2001)	
)	
For: ARRAY SUBSTRATE FOR LIQUID)	
CRYSTAL DISPLAY AND METHOD)	
FOR FABRICATING THE SAME)	

Commissioner for Patents
U.S. Patent and Trademark Office
220 20th Street South
Customer Window, Mail Stop AF
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202
Sir:

AMENDMENT UNDER 37 C.F.R. § 1.116

In response to the Final Office Action dated June 28, 2004, and pursuant to 37 C.F.R. § 1.116, the period for response to which extends through September 28, 2004, entry of the following amendments is respectfully requested to place the application in clear condition for allowance or, alternatively, in better form for appeal.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

09/994809

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32	Minus 21	11
Independent	3	Minus 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

9/27/04

(nle)

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	33	Minus 32	1
Independent	3	Minus 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS18=	198.00
X86=	
+290=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS18=	18
X86=	
+290=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT FEE	